il.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5867	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas V Arnold	Name I.B.E, w. Local 160
	Labor Organization File Number 022-522
P.O. Box, Bldg., Room No., if any Box 42	P.O. Box, Building and Room Number, if any 2522
Street 11376 Elling wood. Ave. N.W.	Street 2522 Marshall 5+. N.E.
city Silver Ereek	City Minneapolis
State	State MN. ZIP Code + 4 554/8
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion of the ex	derived income or other economic benefit of
	An implication of the control of the
Trade Name, if any: NA.	Labour Management Meeting
P.O. Box, Bldg., Room No., if any 414 NICOLLET MULT	7.b. Amount,
Street 414 NiCollet Mall	
City Mineapolis	26.00
State MN/, ZIP Code + 4 55 40/	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the best of the

Date

612-781-312

Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street City ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	grame satisface to the companience of the approximate particular and authorized processing agency and processing agency and processing agency and processing agency and processing agency agenc

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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
	1/1/2005 Through: 12/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas V Arnold.	Name J. B. E, w. Local 160 Labor Organization File Number 027-522
P.O. Box, Bldg., Room No., if any $Bo \neq 42$	P.O. Box, Building and Room Number, if any 2522
Street 11376 Elling wood. AVP. N.W.	Street 2522 Marshall St. N. E.
City Silver Ereek	City Minneupolis
State MW- ZIP Code + 4 553 80	State MN. ZIP Code + 4 554/8
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

monetary value from an employer whose employees your organizati	7 - 11
Name and address of Employer (including trade name, if any).	7.a. reduce of interest, fransaction, of income.
Name XCEL Energy	1 meal
Trade Name, if any:	1 meal
P.O. Box, Bldg., Room No., if any 414 NICOLLET VNAI	
	7.b. Amount.
Street 414 nicollet Mall	
city Mineapolis	20.00
State MN, ZIP Code + 4 55 401	

Signature

15. Signature and verification. The undersigned declares, under penalty of a submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been exar	nined by the signatory and is, to the best of the
Signed Thomas V and	On 3 - 10 - 06 Date	612 - 781 - 31 2 6 - Telephone Number

A	
Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	9. Business deals with: a. Labor Organization b. Trust
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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5. Position in labor organization.

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1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas V Arnold.	Name J. B. E, w. Local 160 Labor Organization File Number 022-522
P.O. Box, Bldg., Room No., if any Box 42	P.O. Box, Building and Room Number, if any 2522
Street 11376 Ellingwood. Ave. N.	w. Street 2522 Marshall st. N.E.
City Silver Ereek	City Minneapolis
State N.W. ZIP Code + 4 55 Z	SC State No. 01 71P Code + 4 CS 1/1/1/1

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

MN.

55380

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name XCEL Enry	Labour management Meeting
Name and address of Employer (including trade name, if any). Name X CEL Energy Trade Name, if any: A P.O. Box, Bldg, Room No. if any. ALCAL start Angle	1 maal
P.O. Box, Bldg., Room No., if any 414 NICollet Mull	7.b. Amount.
Street 414 niCollet Mall	
City Mineapolis	8.00
State NW. ZIP Code + 4 55 40/	

Signature

is signature and vermitation. The undersigner	i declares, under pen	aity of Perjury and othe	er applicable penalties of the la	aw, that all of the information
submitted in this report (including the information	contained in any acco	mpanving documents).	has been examined by the si-	anatory and is, to the best of the
undersigned's knowledge and belief, true, correct	, and complete. (See	the section on penaltic	es in the instructions.)	5,, a.c., ,
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Telephone Number

ZIP Code + 4

55418

Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.st Nature of such dealing. 11.st Nature of such dealing. 11.st Nature of interest held or income received. Street 2IP Code + 4 11.st Nature of such dealing. 11.st Nature of interest held or income received. 2IP Code + 4 12.b. Amount. 2. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 3.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any). Name Irade Name, if any: P.C. Box, Bidg., Room No., if any Street		File Number U-
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